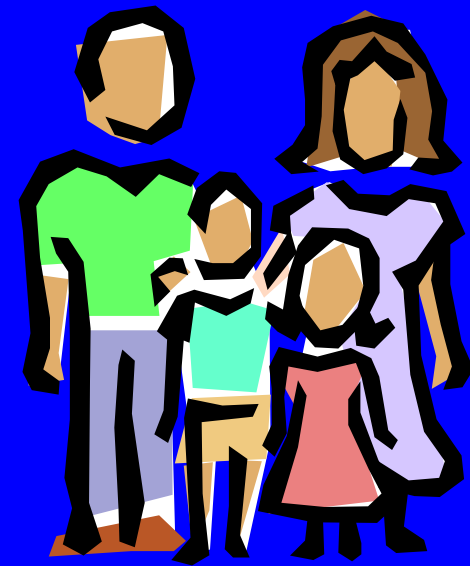


# Consumer Handbook

*Your Rights and the Rights of Your Child*



Child & Adolescent Mental Health Division  
3627 Kilauea Avenue, Room 101  
Honolulu, HI 96816

Phone: Oahu (808) 733-9333 Fax: (808) 733-9357

Phone: Neighbor Islands (800) 294-5282

[www.state.hi.us/health/camhd](http://www.state.hi.us/health/camhd)



**Your Rights and the Rights of Your Child  
In a Mental Health Program  
Provided or Funded by the  
Child and Adolescent Mental Health Division  
State of Hawaii  
Department of Health  
Toll Free: (800) 294-5282**

*Please take time to read this handbook carefully. If you have questions about what you read in this book, please call the number listed below.*

**Your Quality Assurance Specialist**

Family Guidance Center:

Name:

Address:

Phone Number:

This handbook will tell you about your child's rights in getting services. It will answer many of your questions about your child's services. It will also tell you what to do if you have any concerns or are not satisfied with services.

## Interpretive Services

If you need help understanding because you speak a different language or are hearing-impaired, we will help you. These services include Sign Language. These services will help you:

- Have all your questions answered in a way you will understand.
- Be a part of your child's treatment.
- At treatment meetings, at your home if services are provided there, and at visits to treatment sites.

Let us know if you have special needs. This Consumer Handbook is also available in audiotape and large print.

## TTY Access (Text Telephone)

Our TTY number is (808) 733-9335. This is a voice and text number. If you need help in talking to anyone because you have a speech or hearing disability,

please call this number Monday through Friday (except holidays), between 7:45 a.m. and 4:30 p.m. Our toll free number is 1-800-294-5282. This is a voice line. Call this number if it is after business hours, a holiday, or if you are calling from outside of Oahu.

## Bilingual Access Line

For those who cannot read or understand English, or who have limited English language ability, the Bilingual Access Line will help you to understand consumer rights and to file complaints. For assistance, call the Bilingual Access Line at 526-9724.

**如對本文有不明之處，請打電話向雙語翻譯專線 526-9724 查詢**

**この文書に書いてある事柄を理解するのに助けが必要な方は、バイリンガル・アクセス・ライン、526-9724にお電話下さい。**

**이 서류 내용 중 이해가 안되는 부분이 있으면 Bilingual Access Line 526-9724 로 문의 하시기 바랍니다.**

**Idayalyo ti numero a 526-9724 para iti Bilingual Access Line no kasapulanyo ti tulong tapno maawatan dagiti impormasion a nakalanad iti daytoy a dokumento.**

**Pakidayal ang numerong 526-9724 para sa Bilingual Access Line kung kailangan ninyo ang tulong upang maunawaan ang mga impormasyon na nakasaad sa dokumentong ito.**

**Faamolemole vili le numera 526-9724 mo le Bilingual Access Line pe afai ete manaomia le fesoasoani ete malamalamai ai i faamaumauga o loo i totonu o lenei pepa.**

**Xin gọi số 526-9724 cho Bilingual Access Line (Đường Dây Song Ngữ) nếu bạn cần sự giúp đỡ để hiểu nội dung của tài liệu này.**

If a friend helps you, he or she will know by reading this that we have this brochure in Ilocano, Tagalog, Chinese, Korean, and Hawaiian.

## TABLE OF CONTENTS

Interpretive Services	i
TTY Access (Text Telephone Number)	i
Bilingual Access Line	ii
About Our Program	1
▪ Who Can Be Referred to CAMHD Services?	2
▪ Registration for Services	2
Rights and Responsibilities	
▪ Your Child's Rights	3
▪ Your Rights About Your Services	5
▪ Your Right to Confidentiality	5
▪ Your Responsibilities	6
Services	
▪ Termination of Services	6
▪ Fraud and Abuse	7
▪ Changes in Services	7
▪ About Our Services	7
▪ Transportation	10
▪ Non-Covered Services	10
▪ Communication with Your Child's Medical Doctor	10
The Hawaii CASSP Principles	11
Complaints and Grievances	
▪ HIPAA Complaints	13
▪ How to File a Grievance	14
▪ Grievance Review	14
▪ Your Rights to Appeal Denial of Services	15
Consumer Survey	17
Court Ordered Treatment	17
Community Resources	17
Glossary	18
<b>Emergency Services</b>	<b>Back Cover</b>

## About Our Program

The Child and Adolescent Mental Health Division (CAMHD) is a part of the Department of Health. We provide mental health services for children and youth who have serious mental health problems.

### *Who will help my child?*

- Our staff at Family Guidance Centers work with you to make sure that your child gets the help he or she needs.
- The Care Coordinator will be the person who will get to know your child and family the best and will help you in many ways.

### *How will you help my child?*

- Your child's Care Coordinator will help build a team of mental health doctors, nurses, social workers and other people to help your child and family.
- Together, you and the team will decide on how best to help your child.

### *Where will my child get help?*

- This depends on your child's needs and the setting where those needs could best be met. This setting may be:
  - ❖ Your home
  - ❖ Your community
  - ❖ A foster home
  - ❖ A group home
  - ❖ A hospital

### *Will my child get good care?*

- We make sure that your child's care is good, safe, and helpful by closely monitoring all of our programs.
- If you have questions or would like to know more about our programs, please call your Quality Assurance Specialist at the number listed on page i (in the Quality Assurance Specialist box).

### ***How does a youth get into the CAMHD programs?***

- There are two ways:
  - ❖ A youth's educational team agrees that our services would help the child; or
  - ❖ A youth's QUEST health plan or someone in the community refers the child for CAMHD services.

### **Who Can Be Referred to CAMHD Services?**

- Youth who have serious emotional problems.
- Youth as young as age 3.
- Youth up to age 21 who are in school and have an educational plan that identifies a need for services.
- Youth 18 and under who are QUEST or Medicaid eligible.

### ***How do I know if my child can receive services?***

- Your child's Care Coordinator will call or write to let you know as soon as your child is referred for services.
- We will then tell you if your child qualifies to receive CAMHD services and what you need to do next.

### **Registration for Services**

#### ***What will I need to bring when I register my child?***

- Your picture ID card (state-issued).
- Your child's ID card (state-issued).
- Your child's health insurance card.
- Any other health insurance card your child has.

### **Please...**

- Make sure that your child is the only one who uses his/her QUEST ID card.
- Let your QUEST Healthplan know if the QUEST ID card is lost or stolen.
- If you lose your Medicaid plastic card, call Med-QUEST division at 524-3370, or toll free from the Neighbor Islands at 1-800-316-8005.

- Let us know if you have another insurance company that is going to pay for your child's care.
- Remember that any other insurance (health, auto or home for example) must pay for care before Med-QUEST.
- Do not forget that it is against the law for another person to help a person obtain QUEST coverage on false facts.
- If there are ever any changes in your family situation, let your care coordinator know right away.

### **We Promise...**

- If there are ever any changes in your child's eligibility for services, we will tell you right away by letter.
- If you do not want your child to use CAMHD services, he/she does not have to unless ordered by the court.

### **Your Child's Rights**

The following rights are for children and youth who get services from the Child and Adolescent Mental Health Division.

1. You have the right to be treated with respect. You also have the right to your privacy.
2. You have the right to treatment no matter what your situation is. You have this right regardless of your:
  - Age
  - Race
  - Sex
  - Religion
  - Culture
  - Lifestyle
  - Ability to Communicate
  - Disability
3. You have the right to know about the CAMHD, the services you can receive and who will provide the services. You also have the right to know what your treatment and service choices are.
4. You have the right to know all your rights and your responsibilities.
5. You have the right to get help from CAMHD in understanding your services.

6. You are free to use your rights. Your services will not be changed or you will not be treated differently if you use your rights.
7. You have the right to receive information and services in a timely way.
8. You have the right to be a part of all choices about your treatment. You have the right to have your treatment plan in writing.
9. You have the right to disagree with your treatment or to ask for changes in your treatment plan.
10. You also have the right to ask for a different provider. If you want a different provider, we will work with you to find another provider in our network.
11. You have the right to refuse treatment.
12. You have the right to get services in a way that respects your culture and what you believe in.
13. You have the right to look at your records and add your opinion when you disagree. You can ask for and get a copy of your records. You have the right to expect that your information will be kept private within the law.
14. You have the right to complain about your services and to expect that no one will try to get back at you. If you complain, your services will not stop unless you want them to.
15. You have the right to be free from being restrained or secluded unless an allowed doctor or psychologist approves, and then only to protect you or others from harm. Seclusion and restraints can never be used to punish you or keep you quiet. They can never be used to make you do something you don't want to do. They can never be used to get back at you for something you have done.

The CAMHD obeys the following State and Federal Laws:

- The Civil Rights Act, 1964
- The Age Discrimination Act, 1975
- The Vocational Rehabilitation Act, 1973
- The Americans with Disabilities Act
- Privacy and confidentiality laws such as the Health Insurance Portability and Accountability Act (HIPAA)
- The Individuals with Disabilities in Education Act (IDEA)

## Your Rights About Your Services

You and your child have very important rights even before services start. To help you, your Care Coordinator will:

- Help you understand your child's rights and explain anything you do not understand.
- Answer your questions about how your child's services will work.
- Explain how you are an important member of your child's service team.

### *Welcome to the Team!*

As a team member you will:

- Meet with your team and talk about what kinds of services your child may need. The team will include you, your child, your Care Coordinator, your child's teacher and other people who may be part of your child's care.
- Help with putting together a Coordinated Service Plan (CSP). The CSP helps you and your team know what each person will do to help your child.
- Get a written copy of this plan. From this plan, your Care Coordinator will match you with a service provider, and will fill out a "Service Authorization Form," so your child can then begin to get services.

At your first or second meeting with your child's service provider, a Treatment Plan will be made for your child. You will receive a written copy of your child's Treatment Plan. The plan will tell you what your child's service provider will do and how often. How long treatment will last depends on what your child needs. You can always ask to have your services changed or stopped at any time.

## Your Right to Confidentiality

Information about your child is personal. If someone needs your child's information, they must first get your permission. Sometimes the government needs to know information about your child. CAMHD may tell them without getting your permission. Here is a list of situations where the CAMHD does not need your permission:

- If there is a very grave emergency (like a car accident).

- If we believe that your child will hurt himself or herself or someone else.
- If the court makes us give them this information.
- If there are signs of abuse or neglect.

Your child's information may be given to people who are there to help him or her. These people may include doctors, teachers, or social workers. These people will not give the information to anyone who is not involved in helping your child.

## Your Responsibilities

Your help is needed to help your child get the most out of service. Your responsibilities are:

1. Your responsibility is to make sure you keep your child's scheduled appointments. If you are going to miss an appointment call the person involved as soon as possible. Ask them to make a new appointment with you.
2. Your responsibility is to answer all questions about your child and family in an honest way. This is important so we can give good care to your child.
3. Your responsibility is to be a part of your child's assessment and Treatment Plan.
4. Your responsibility is to be a part of your child's Coordinated Service Plan.
5. Your responsibility is to know what is going on with your child's treatment and do your part. This means doing the work that you are assigned to do as part of helping your child.
6. Your responsibility is to treat all people who provide services with respect.

## Termination of Services

You have the right to stop services at any time. You may cancel services by letting your care coordinator know.

Your child's CAMHD services may stop if:

- You are moving outside of Hawaii.
- Your child has not had any services for 9 months. The Family Guidance Center may write to you about closing your child's case.

You should pay for any non-covered services your child has received. If you are unable to pay for these, your child will **not** lose his/her Medicaid benefits.

## Fraud and Abuse

Any fraud or abuse by a CAMHD consumer or provider will be reported to QUEST. For example, giving someone else your health plan or Medicaid plastic card so they can get services is not allowed. Buying medication to sell to someone else is also not allowed.

## Changes in Services

Changes in your child's services may occur if your child needs:

- Fewer services
- More services
- Different kinds of services
- A different Provider

### *How can I make changes to my child's services?*

- By requesting a meeting with your child's educational/mental health team to talk about the changes you want made.

### *How can CAMHD make changes to my child's services?*

- CAMHD will ask your child's mental health team to review your child's services to see if there needs to be a change to better help your child. CAMHD will let you know of **any** changes in services, 10 days before they happen.

## About Our Services

### 24-Hour Crisis Telephone Stabilization

- This "hotline" can be used by anyone at any time.
- The hotline offers support, counseling, and referral services to help with the crisis.
- The numbers for the 24-hour Crisis Hotline are listed on the back cover of this Handbook.

### **Mobile Crisis Outreach**

- The way into this service is through the Crisis Hotline.
- Mobile support services are available for youth in an emergency situation.
- Services are offered 24 hours a day, seven days a week.
- The outreach worker can transport a youth to a safe place if it is needed.

### **Crisis Stabilization**

- The way into this service is through the Mobile Crisis Outreach.
- The outreach worker can transport the youth to placement if it is needed.
- This service offers a brief (up to seven days) stay out of home for a youth in crisis.
- Youth are placed in a home-like setting with close supervision.
- Youth who access this service will be referred to outside resources for follow-up care.
- The youth's Family Guidance Center will be notified if a youth requires this service.
- Following a crisis, services that may be needed will be provided through your Care Coordinator.

*To receive the following services, your Care Coordinator must make a referral. The provider will contact you to make appointments for your child to get the service.*

### **Intensive Home and Community Based Interventions**

- This is a service that is given in the home, school, or community.
- In this service a therapist works closely with youth and their families to teach them new skills that will help the youth live with their mental problems.

### **Multisystemic Therapy (MST)**

- This service helps youth (and their families) who are having conduct problems in the home, school, or community.
- Each setting is examined for ways that will help the youth improve their behaviors.

### **Foster Homes With Therapeutic Services**

- These services are provided in a home with trained foster parents.
- Foster parents help the youth learn skills on how to live with their mental health issues so they can go back to their family or community as soon as possible.
- Youth attend community schools while in the foster home.

### **Therapeutic Group Homes**

- These are home-like settings in which three to eight youth live together.
- While living there, youth are involved in public school, recreation, and jobs.

### **Community-based Residential Programs**

- These programs provide more structure and supervision than the home-like services.
- If the youth needs medications, this program will manage this part.
- School is provided at the program.

### **Community-based Residential Programs (High-risk Level)**

- These are programs for youth who need help due to sexual offenses.
- The program is very structured to help youth get better and back home.
- School is provided for the youth at the program.

### **Hospital-based Residential Programs**

- These services are provided in the hospital to youth with severe emotional problems.
- Youth get care from doctors and nurses around the clock.
- Doctors will examine and decide what kind of help the youth needs to get better.
- If medicine will help the youth get better, doctors will prescribe the right medicine and watch carefully to see if it helps.
- School is still provided while the youth is in this program.
- Diagnostic and assessment services are offered at this level.



## Emergency Services

- An emergency situation is when the health and safety of a youth may be a threat due to a mental health issue.

*In an emergency situation:*

- Anyone has the right to call the 24-hour Crisis Hotline.
- Anyone has the right to use 911 for an emergency.
- CAMHD also provides mental health emergency services 24 hours a day, seven days a week.
- Your child does not need prior approval to receive emergency care.
- If your child needs hospital services, the mobile outreach worker will help take him/her to the nearest hospital.
- If your child has an emergency in or out of state, please go to the nearest emergency room.

## Transportation

If your child needs a ride to the appointment, and you do not have any way of getting your child there, let us know and your Care Coordinator will help you with this. When your child needs mental health treatment somewhere other than on the island you live on, airfare can also be arranged through your Care Coordinator.

## Non-Covered Services

CAMHD provides the services listed on pages 7-10. School-based Behavioral Health workers in your child's public school, or your child's health plan provide outpatient services. If these services are needed, please contact your child's health plan or see your school counselor.

If you need a mental health service that is not listed in "About Our Services", please contact your Care Coordinator. The service that you are asking for will have to be discussed with your treatment team before it is approved.

## Communication with Your Child's Medical Doctor

- Every three months, your Care Coordinator will send updates to your child's primary care physician.
- Information is shared about medications, services, and how your child is doing.

- The Care Coordinator will also talk to your child's medical health plan to coordinate services the health plan may provide with the services that CAMHD provides your child.

## The Hawaii CASSP Principles

CAMHD makes sure that the State of Hawaii Child and Adolescent Service System Program (CASSP) Principles are followed. Parents were involved with developing these principles. Each principle is explained and the original wording is written below in italics.

1. Services will be child and family-centered and take into consideration the culture of the child and family.

*The system of care will be child and family centered and culturally sensitive, with the needs of the child and family determining the types and mix of services provided.*

2. Services will address different things that each child needs. This includes health, feelings, school, recreation, and each stage of growing up.

*Access will be to a comprehensive array of services that addresses the child's physical, emotional, educational, recreational, and developmental needs.*

3. Keeping the family together and strong is the focus of services. Taking care of health and emotions is also the focus.

*Family preservation and strengthening along with the promotion of physical and emotional well being shall be the primary focus of the system of care.*

4. Services can take place in the home or where the child and family feel most comfortable. This will be done in a way that matches what the child and family needs.

*Services will be provided within the least restrictive, most natural environment that is appropriate to individual needs.*



5. There are times when a child needs to receive services away from his or her home. All other choices will be considered and tried before a child receives services away from home. Services will work toward the child returning home or other permanent place.

*Services which require the removal of the child from his/her home will be considered only when all other options have been exhausted, and services aimed at returning the child to his/her family or other permanent placement are an integral consideration at the time of removal.*

6. Services will be matched and delivered in a helping manner in view of the child's changing needs. Care will be taken to make sure everyone works together.

*The system of care will include effective mechanisms to ensure that services are delivered in a coordinated and therapeutic manner, and that each child can move throughout the system in accordance with his/her changing needs, regardless of points of entry.*

7. Families or caregivers are full partners in making plans and helping with the treatment process.

*Families or surrogate families will be full participants in all aspects of the planning and delivery of services.*

8. Helping a child as soon as their problems are seen is important. Problems with friends and families, feelings, and school should be taken care of early to prevent the child from needing more serious services later.

*Early identification of social, emotional, physical, and educational needs will be promoted in order to enhance the likelihood of successful early interventions and lessen the need for more intensive and restrictive services.*

9. The rights of children will be protected. Speaking for the rights of children will be promoted.

*The rights of children will be protected and effective advocacy efforts for children will be promoted.*

Anytime you think the services for your child are not right, or could be better, we want to know about it. If your child's rights are being violated, we want to hear about it. Please call or write to your Family Guidance Center Quality Assurance Specialist listed on page i of this Handbook or:

*CAMHD Grievance and Appeals Office  
Child and Adolescent Mental Health Division  
3627 Kilauea Avenue, Room 101  
Honolulu, Hawaii 96816  
Phone: (808) 733-9352  
TTY: (808) 733-9335  
Fax: (808) 733-9357  
Toll Free: 1-800-294-5282*

## HIPAA Complaints

HIPAA is the Federal Privacy Law that protects everyone's health information. Your child's information cannot be given out without your permission, except as noted on pages 5 and 6. If this happens, you can complain to the CAMHD. You can file a complaint by calling or writing the offices listed below:

*CAMHD Privacy Coordinator  
3627 Kilauea Avenue, Room 101  
Honolulu, Hawaii 96816  
Phone: (808) 733-8370  
TTY: (808) 733-9335  
Fax: (808) 733-8375  
Toll Free: 1-800-294-5282*

or

*Office of Civil Rights  
Medical Privacy, Complaints Division  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W., HHH Bldg., Room 509H  
Washington, DC 20201  
Phone: (866) 627-7748  
TTY: (415) 437-8311  
Toll Free: 1-800-368-1019*

## How to File a Grievance

If you are not satisfied with the service or care provided by CAMHD please let us know. There are two ways to let us know about your grievance or complaint:

- Call or write the Quality Assurance Specialists at your Family Guidance Center. This person will help you. That person's number and address is listed on the inside front cover (page i) of this Handbook.

or

- Call the CAMHD Grievance and Appeals Office. Someone from this Office will help you. The address and phone/fax numbers are:

*Grievance and Appeals Office  
Child and Adolescent Mental Health Division  
3627 Kilauea Avenue, Room 101  
Honolulu, Hawaii 96816  
Phone: (808) 733-9352  
TTY: (808) 733-9335  
Fax: (808) 733-9357  
Toll Free: 1-800-294-5282*

You may have someone else file your grievance.

CAMHD will look into your grievance and work at getting it resolved. Once we have done this, we will write you to let you know what we have found. We will try to settle your grievance in 30 calendar days.

- If more time is needed at any point in the grievance process, you may ask CAMHD for a 14-day extension.
- CAMHD may also ask for a 14-day extension if we need more time to review your grievance.
- If CAMHD needs a 14-day extension, we will send you a notice explaining the reason for the delay.

## Grievance Review

If you are not happy with our findings, you can ask for a "Grievance Review" from the Med-QUEST Division. You have 30 calendar days after you receive our letter to call or write Med-QUEST and ask for a Grievance Review.

The Med-QUEST Division will help you file your request for a Grievance Review. Their address and phone number is:

*Med-QUEST Division  
Health Coverage Management Branch  
601 Kamokila Blvd., #506  
Kapolei, Hawaii 96707  
Phone: (808) 692-8093 or  
(808) 692-8096*

Ask to speak to your QUEST Plan Liaison. Once Med-QUEST reviews your grievance, they will make a decision. This will be the final decision about your grievance. The grievance review will take no longer than 30 calendar days. Med-QUEST will get in touch with you about what they decide.

## Your Rights to Appeal Denial of Services

### Appeal Process

- If a service has been denied, stopped, or reduced, we will send you a letter giving you reasons for the decision.
- If you do not agree, you can appeal the decision.
- You may file the appeal verbally, but it must be followed by a written letter.
- We can help you write your appeal if you want.
- You may have someone else file the appeal for you, like your doctor or someone you have given written permission to do this for you.
- You have 30 calendar days to file an appeal after you receive the letter telling you about the decision.
- Within 30 calendar days of filing the appeal you will get a letter with the decision.
- To file your appeal you may write or call CAMHD at:

*CAMHD  
Clinical Services Office  
3627 Kilauea Avenue, Room 405  
Honolulu, Hawaii 96816  
Phone: (808) 733-9349  
Toll Free: 1-800-294-5282*

### State Fair Hearing

- If you still do not agree with the decision, you may request a State Fair Hearing.

- To file for a State Fair Hearing, you may call your QUEST eligibility worker for assistance or write a letter to the Department of Human Services at:

*State of Hawaii Department of Human Services  
Administrative Appeals Office  
P.O. Box 339  
Honolulu, Hawaii 96809*

- You also have the right to file for an outside review with the Insurance Commissioner.
- This may be done at the same time that you file with the Department of Human Services or after you receive your letter from CAMHD with our decision.
- The address and phone number for the State of Hawaii Insurance Commissioner is:

*State of Hawaii Insurance Commissioner  
250 South King Street, 5<sup>th</sup> Floor  
Honolulu, Hawaii 96813  
Phone: (808) 586-2790*

### **Your Child's Services Will Continue**

- You must let us know in writing that you want the services to continue while your appeal is being reviewed; however, if the decision remains the same, you may have to pay for the services your child received while the appeal was reviewed.

### **Appeal Extensions**

- If more time is needed at any point in the appeal process, you may ask CAMHD for a 14-day extension.
- CAMHD may also ask for a 14-day extension if we need more time to review your appeal.
- If CAMHD needs a 14-day extension, we will send you a notice explaining the reason for the delay.

### **Expedited Appeals**

- A quick review of the appeal will be made if your child's health and well being are at risk.
- This review will take place within 3 business days of CAMHD receiving the appeal.
- A mental health doctor who was not a part of the original decision will review the appeal.

- You will receive immediate verbal notice of the decision.
- You will also receive a letter with the decision within 2 calendar days of the decision.

## **Consumer Survey**

To help us better serve you and your child, you may be contacted by mail or phone and asked to complete a survey. It is fine if you do not want to answer the questions. If you do, your answers will help us in making our services better for you and your child.

## **Court Ordered Treatment**

You have other rights and roles if a Family Court Judge orders your child to get treatment. This may happen if your child is involved in the legal system. Youth who are court ordered to CAMHD treatment must use our services. If you have questions about your child's legal rights, contact your lawyer or the Public Defender's Office at any of the following numbers:

Oahu	586-2200
Maui	984-5018
Kauai	274-3418
Hilo	974-4571
Kona	323-7562

## **Community Resources**

### **Hawaii Families as Allies\***

Oahu	487-8785
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\*Parents and families run Hawaii Families as Allies (HFAA). HFAA is part of the national Federation of Families. They help families of children with emotional problems.

Parent Partners work for HFAA at most Family Guidance Centers (FGC). To find out how to get help, call HFAA or your FGC Parent Partner. The Parent Partner can be contacted by calling the number written on the front of this handbook.

### **Special Parent Information Network**

Oahu	586-8126
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### **Hawaii Disability Rights Center**

Oahu	949-2922	(800) 882-1057
Kauai	246-2576	(888) 807-4446
Maui	876-0529	
Big Island (Hilo)	334-0630	
Big Island (Kona)	882-1057	

### **Mental Health Association in Hawaii**

Oahu	521-1846
Maui	242-6461
Big Island	965-6601

## **Glossary**

### **Care Coordinator**

When you register for services, you will meet your Care Coordinator. This person works at your Family Guidance Center. Your Care Coordinator will attend meetings with you. He or she will help your child and family get the mental health services you need. If you ever have questions about your services or what your child needs, call your Care Coordinator.

### **Coordinated Service Plan (CSP)**

Your child and family will be part of a team that makes your child's Coordinated Service Plan (CSP). The CSP team works together to set goals that will help your child to do better. The plan helps each member of your team know what the other person is doing to help your child.

### **Family Guidance Center (FGC)**

This is where your Care Coordinator works. Each community has a Family Guidance Center. Each FGC also has a Child Psychiatrist and a Psychologist that helps families. It also has a Quality Assurance Specialist that you can talk to if you have any concerns about your child's services.

### **Health Insurance Portability and Accountability Act (HIPAA)**

This is a Federal law that protects everyone's private health information. We cannot tell anyone unless you say it is okay or if the law says we can.

### **Individualized Education Program (IEP)**

This is a plan made by your child's public school. It is for students who need special education help in order to do well in school. The school decides if a student needs this help. A group of people such as teachers, mental health staff, and parents help to make the IEP.

### **Modification Plan (MP)**

The Modification Plan provides help for students who need help in the classroom in order to do better. It is also called a Section 504 Modification Plan. The plan is made so the student can get help through things like taking a longer time to take a test.

### **Privacy Notice**

This is a note to you that tells you what information CAMHD keeps private and what we can give out without your okay. It is required under HIPAA (see page 18). Your Care Coordinator will ask you to sign this notice when you sign up at a Family Guidance Center.

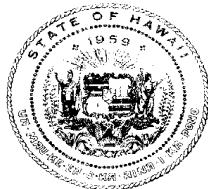
## 24-Hour Crisis Lines

Hawaii County	1-800-75-ENTRY (1-800-753-6879)	<i><b>Toll-Free</b></i>
Kauai	274-3883 (Kauai Family Guidance Center) Hours: 7:45 a.m. to 4:30 p.m.	
	1-800-75-ENTRY (1-800-753-6879)	<i><b>Toll-Free</b></i>
Lanai	1-800-887-7999	<i><b>Toll-Free</b></i>
Maui	873-8624 1-866-443-5702	<i><b>Toll-Free</b></i>
Molokai	553-3311 1-800-887-7999	<i><b>Toll-Free</b></i>
Oahu	832-3100 1-800-75-ENTRY (1-800-753-6879)	<i><b>Toll-Free</b></i>

**Call the 24-Hour Crisis Line**  
**if a child is in need of emergency services after hours.**  
**You can use Toll-Free Numbers 24-hours a day, 7 days a week.**

The CAMHD Central Administration office toll-free line: 1-800-294-5282

LINDA LINGLE  
GOVERNOR OF HAWAII



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 Phone: Neighbor Islands (800) 294-5282

July 2003

## **NON-MED-QUEST CONSUMERS**

**If you are not covered by the Med-QUEST Program, there are a few differences in the information contained in this handbook. The differences are listed below:**

### **Registration for Services**

**(Page 2)**

Note: If you do not have health insurance, you can still get services from CAMHD.

### **Communication with Your Child's Medical Doctor**

**(Page 10)**

If your child is not a QUEST plan member, we will not send updates every 3 months to your child's primary care physician or health plan.

### **Grievances and Appeals Process**

**(Page 14-16)**

The main difference for you if you are not covered by the Med-QUEST Program is in how you can appeal a Grievance or Denial of Service. Described below are those processes:

#### **Grievances**

Grievances are expressions of dissatisfaction with CAMHD's operations, activities, behavior, or providers. If you are dissatisfied, you can file a grievance with your Family Guidance Center's Quality Assurance Specialist or the CAMHD Grievance Office. See Page 14, "How to File a Grievance".

#### **Your Rights to Appeal Grievance Decisions for Non-QUEST Consumers**

If you do not agree with the outcome of your grievance, you can file a grievance appeal. We will send you a letter that tells you how to file an appeal for a grievance decision that you do not agree with. These are the steps to appeal a grievance decision:

- Contact the Grievance Office by phone or in writing.
- Give your name and, if applicable, the child you represent.
- State that you are filing for a grievance appeal.
- Provide the Grievance Office with any additional information that you believe will support your position.
- The Grievance Appeals Committee will hear your case. You will be informed of the Committee's decision in writing.

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